DLN: 93493124017924 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Inspection Treasury For the 2022 calendar year, or tax year beginning 07-01-2022 , and ending 06-30-2023 D Employer identification number B Check if applicable: EMERALD ISLE IMMIGRATION CENTER INC. ☐ Address change 11-2932528 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 59-26 WOODSIDE AVENUE 2 FL ☐ Amended return ☐ Application pending (718) 478-5502 City or town, state or province, country, and ZIP or foreign postal code WOODSIDE, NY 11377 G Gross receipts \$ 1,720,530 Name and address of principal officer: H(a) Is this a group return for STORHAN DENNEHY ☐Yes ☑No subordinates? 59-26 WOODSIDE AVENUE 2 FL H(b) Are all subordinates WOODSIDE, NY 11377 ☐ Yes ☐No included? Tax-exempt status: 4947(a)(1) or □ 527 If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ Website: ► WWW.EIIC.ORG M State of legal domicile: NY L Year of formation: 1988 K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ 1 Briefly describe the organization's mission or most significant activities:
TO EXERCISE, PROMOTE AND PROTECT THE PRIVILEGES AND INTERESTS OF THE COMMUNITY, TO FOSTER A HEALTHY INTEREST IN CIVIC AFFAIRS OF THE COMMUNITY, TO DEVELOP GOOD CITIZENSHIP, TO INQUIRE INTO CIVIC ABUSES AND TO SEEK REFORMATION THEREOF, AND TO PROMOTE FULL PARTICIPATION OF THE IRISH COMMUNITY IN AMERICAN LIFE BY DISSEMINATING INFORMATION ON Activities & Governance Check this box lacktriangle lacktriangle if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 10 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 32 55 6 Total number of volunteers (estimate if necessary) . . . 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0 **Prior Year Current Year** 1,848,349 1,704,246 8 Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) . 0 0 6 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 165,700 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 237 2,014,052 1,704,489 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,138,076 1,033,582 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶40,218 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 579,258 604,425 1,612,840 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,742,501 Revenue less expenses. Subtract line 18 from line 12 . 401,212 -38,012 Net Assets or Fund Balances **Beginning of Current Year** End of Year 1,848,770 1,908,849 20 Total assets (Part X, line 16) . 501,151 601,396 21 Total liabilities (Part X, line 26) . 1,347,619 1,307,453 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2024-05-03 Signature of officer Date Sign Here SIOBHAN DENNEHY EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check \square if 2024-04-24 P00760659 Paid self-employed ► CERINI & ASSOCIATES LLP Firm's EIN > 11-3066459 Firm's name Preparer Use Only Firm's address ► 3340 VETERANS MEMORIAL HWY Phone no. (631) 582-1600 BOHEMIA, NY 11716 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2022)

Forr	n 990 (2	2022)				Page 2
Р	art III	Statement of Program Se	ervice Accomplisi	hments		
		Check if Schedule O contains a	response or note to a	any line in this Part III .		🗆
1	Briefly	y describe the organization's miss		,		
					JNITY, TO FOSTER A HEALTHY INTE S AND TO SEEK REFORMATION THEF	
2	Did th	ne organization undertake any sig	nificant program serv	vices during the year wh	ich were not listed on	
	the pr	rior Form 990 or 990-EZ?				☐ Yes ☑ No
	If "Yes	s," describe these new services o	n Schedule O.			
3	Did th	ne organization cease conducting,	or make significant of	changes in how it condu	cts, any program	
		es?				☐ Yes 🗹 No
4	Descri Sectio	ibe the organization's program se	ervice accomplishmen lizations are required	to report the amount of	argest program services, as measur grants and allocations to others, th	
4a	(Code:	:) (Expenses \$	1.447.994	including grants of \$) (Revenue \$)
Tu		dditional Data	2,117,331	morating grants or \$) (Nevellae \$,
4b	(Code:	:) (Expenses \$		including grants of \$) (Revenue \$)
4 c	(Code:	:) (Expenses \$		including grants of \$) (Revenue \$)
4d	(Expe	r program services (Describe in S enses \$	including grants of	•) (Revenue \$)
4e	Total	program service expenses	1,447,9	94		

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Par	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	,
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

No

20b

21

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Par	Checklist of Required Schedules (continued)			
~~	Diddle to the state of the stat		Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• •	V-	<u> </u>
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0		_	

1c

	Statements Pogarding Other IPS Filings and Tay Compliance (continued)			Page 3
Par				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:			
F-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F-		N.a
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		NI-
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No ——
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?. If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

orm	990 (2022)			Page
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "I lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	lo" resp	onse to	✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
		\square	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
1	Did the organization have a written document retention and destruction policy?	14	Yes	
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	100		
<u>36</u> 7	List the states with which a copy of this Form 990 is required to be filed▶			
	NY Section 6104 requires an exemplation to make its form 1024 (1024 or 1024). Section 6104 requires an exemplation to make its form 1024 A. if applicable 2.000 and 000 T (continue).			
	Section 6104 requires an examination to make its Form 1022 (1024 or 1024 A. if applicable) 000, and 000 T (costion			

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Upon request Other (explain in Schedule O)

(A)

Name and title

(F)

Estimated

amount of other

Form 990 (2022)

(E)

Reportable

compensation

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(B)

Average

hours per

	nours per week (list any hours for related	is both an officer and a director/trustee)					a from the organization	from related organizations (W-2/1099-	compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizations
(1) EDWARD BOLES PRESIDENT & VICE CHAIR	5.00	х		х				0	0	0
(2) DECLAN WALSH BOARD MEMBER	5.00	х						0	0	0
(3) JOHN TULLY CHAIR	5.00	х		х				0	0	0
(4) RANDI DELIROD TREASURER & SECRETARY	5.00	х		х				0	0	0
(5) LORCAN SHANNON BOARD MEMBER	5.00	х						0	0	0
(6) CELI LINDIWE KHANYILE-LYNCH BOARD MEMBER	5.00	Х						0	0	0
(7) MARY MCEVOY BOARD MEMBER	5.00	Х						0	0	0
(8) SEAN O'DOWD BOARD MEMBER	5.00	Х						0	0	0
(9) KRIS TOMASULO BOARD MEMBER	5.00	Х						0	0	0
(10) DANIEL DROMM BOARD MEMBER	5.00	х						0	0	0
(11) SIOBHAN DENNEHY EXECUTIVE DIRECTOR	40.00			х				109,660	0	0

Par	YVII Section A. Officers, Direct	tors, Trustees	, Key I	Empl	loye	es,	and I	High	nest Co	mpensate	ed Employees (conti	inued)	
	(A) Name and title	(B) Average Position hours per than on week (list is bot any hours di			on (do not check more one box, unless person ooth an officer and a director/trustee)				Repo compo fro orgai	(D) (E) Reportable consation om the from related anization 2/1099- (W-2/1099-			(F) Estimated amount of other compensation from the organization and	
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	, ,		MISC/1099-NEC		relati organiza	ed
												T		
												\top		
сТ	Gub-Total	art VII, Section	A				•			109,660	1			0
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove		rece			00,000			
													Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k	•		yee,		ghest cor	mpensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization										n the			
	individual			•	٠							4		No
5	Did any person listed on line 1a receivervices rendered to the organization									tion or indi	vidual for	5		No
-	ction B. Independent Contract													_
1	Complete this table for your five high from the organization. Report comper											pens	sation	
	(A) Name and business address								Desc	(B) ription of services		(C Compen		
												-		
												\Rightarrow		
												\dashv		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Page 8

		(2022)								Page 9
Part	VIII	Statement					. II II. Abi- D-AVIII			
		Check if Sched	uie	O contains a	respo	onse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a	Federated campaig	gns		1a			revenue		312 - 314
ants unt	b	Membership dues		. [1b					
Gra	c	Fundraising events	٠.		1c	59,299				
tributions, Gifts, Grants Other Similar Amounts		Related organization		<u> </u>	1d					
s, G mil		Government grants (1e	1,234,709				
lion r Si		All other contributions and similar amounts in above		cluded	1f	410,238				
Contributions, Gifts, Grants and Other Similar Amounts	q	Noncash contributions	s incl		i					
Contr and C		lines 1a - 1f:\$ Total. Add lines 1a	. 16	_	1g					
ة ت		Total. Add lines 12	3-11		• •	Business Code	1,704,246			
	2a					Business code				
an										
neve	b									
Program Service Revenue	c									
ervic	٠									
Š	d									
ogral	е									
ğ		All attacks are assessed								
		All other program Total. Add lines 2						l		
	_	investment income				interest, and other				
		imilar amounts) . Income from invest	mer		• mpt h		6			6
		Royalties				·				
				(i) Rea	ıl	(ii) Personal				
	6a	Gross rents	6a							
		Less: rental	6b							
		expenses Rental income	00				-			
		or (loss)	6с							
	a	Net rental income	or	(loss) (i) Securi		(ii) Other	1			+
		Gross amount				(II) Other	-		0	
		from sales of assets other	7a							
	b	than inventory Less: cost or					1			
		other basis and sales expenses	7b							
	c	Gain or (loss)	7c							
		Net gain or (loss)	<u> </u>				_			
a	8a	Gross income from fu (not including \$		ising events 59,299 of						
eun		contributions reported See Part IV, line 18	d on	line 1c).						
Other Revenue		Less: direct expen			8a 8b		_			
er		Net income or (los				· ·	0			
	0-	Current la company from								1)
	Уa	Gross income from See Part IV, line 19	gam •	ing activities.	9a					
		Less: direct expen			9b					
	С	Net income or (los	s) fr	om gaming	activit	ies 🕨	1			
	10a	Gross sales of inve	ento	ry, less						
	-				10a 10b		_			1
		Less: cost of good Net income or (los					_			
		Miscellaneo			III V CIT	Business Code				
	11.	aOTHER INCOME	-			90009	237	237		
							1			
	b									
	c									
	Ĭ									
	d	All other revenue								
	е	Total. Add lines 1	1a-:	11d		>	237			
	12	Total revenue. S	ee ir	nstructions			1,704,489			0 6
							1,704,409		L	Form 990 (2022)

Form 990 (2022)				Page 10				
Part IX Statement of Functional Expenses								
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
Check if Schedule O contains a response or note to a	ny line in this Part IX			🗸				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			4					
2 Grants and other assistance to domestic individuals. See Part IV, line 22								
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.								
4 Benefits paid to or for members								
5 Compensation of current officers, directors, trustees, and key employees	112,000	56,000	28,000	28,000				

1	domestic governments. See Part IV, line 21			4	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	112,000	56,000	28,000	28,000
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	885,230	811,590	71,723	1,917
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	67,297	58,548	6,730	2,019
10	Payroll taxes	73,549	63,988	7,355	2,206
11	Fees for services (non-employees):				
ā	Management				
Ŀ	Legal				
C	: Accounting				
c	Lobbying [
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	251,849	164,318	87,531	
12	Advertising and promotion	26,232	20,986	5,246	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	122,264	106,370	12,226	3,668
17	Travel	18,598	18,598		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	885,230	811,590	71,723	1,917
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	67,297	58,548	6,730	2,019
10 Payroll taxes	73,549	63,988	7,355	2,200
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	251,849	164,318	87,531	
12 Advertising and promotion	26,232	20,986	5,246	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	122,264	106,370	12,226	3,668
17 Travel	18,598	18,598		

ction 4958(c)(3)(b)				
her salaries and wages	885,230	811,590	71,723	1,91
ension plan accruals and contributions (include section 401) and 403(b) employer contributions)				
her employee benefits	67,297	58,548	6,730	2,01
yroll taxes	73,549	63,988	7,355	2,20
es for services (non-employees):				
anagement				
gal				
counting				
bbying				
ofessional fundraising services. See Part IV, line 17				
vestment management fees				
ther (If line 11g amount exceeds 10% of line 25, column) amount, list line 11g expenses on Schedule O)	251,849	164,318	87,531	
vertising and promotion	26,232	20,986	5,246	
fice expenses				
formation technology				
pyalties				
ccupancy	122,264	106,370	12,226	3,66
avel	18,598	18,598		
yments of travel or entertainment expenses for any deral, state, or local public officials .				
onferences, conventions, and meetings				
terest	25,048	21,792	2,505	75
yments to affiliates				
epreciation, depletion, and amortization	41,432	36,046	4,143	1,24
surance	16,021		16,021	
ther expenses. Itemize expenses not covered above (List iscellaneous expenses in line 24e. If line 24e amount isceeds 10% of line 25, column (A) amount, list line 24e ispenses on Schedule O.)				
POSTAGE AND PRINTING	22,389	17,911	4,478	
EQUIPMENT	20,465	16,372	4,093	
DDOCDAM EVDENCES	15.025	15.025		

15,035 15,035 13,792 11,999 1,379 31,300 28,441 2,859 1,742,501 1,447,994 254,289

18 fede **19** Con **20** Inte **21** Pay **22** Dep **23** Inst 24 Oth mis exc exp a PC b EQ c PROGRAM EXPENSES d COMMUNICATIONS 414 e All other expenses 40,218 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

23

24

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26

27

28

29

30

31

32

33

Assets or Fund Balances

Page **11**

716.280

368,325

174,307

601.396

1.125.947

181,506

1.307.453

1,908,849

Form 990 (2022)

Check if Schedule O	contains a	response	or note to	any	line in	this P	art IX	

		beginning or year		Life of year
1	Cash-non-interest-bearing	96,288	1	79,
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	

847.375 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6

Notes and loans receivable, net . 7 Assets 8 Inventories for sale or use . Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 10a 1,280,239 basis. Complete Part VI of Schedule D 10b 287,097 896,773 10c 993,142 b Less: accumulated depreciation 11 Investments—publicly traded securities . 11 12 Investments—other securities. See Part IV, line 11 12 12 Investments_program-related See Port IV line 11

	13	Investments—program-related. See Part IV, line II		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	8,334	15	119,893
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,848,770	16	1,908,849
	17	Accounts payable and accrued expenses	54,256	17	58,764
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ś	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
abilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties,

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

381.895

65.000

501.151

1.226.906

120,713

1.347,619

1,848,770

23

24

25

26

27

28

29

30

31

32

33

Page **12**

Yes

2c

За

3b

Yes

Nο

Form 990 (2022)

No

Form 990 (2022)

1 Accounting method used to prepare the Form 990:

consolidated basis, or both: ✓ Separate basis

Audit Act and OMB Circular A-133?

3 Revenue less expenses. Subtract line 2 from line 1	 3	-38,012
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,347,619
5 Net unrealized gains (losses) on investments	 5	
6 Donated services and use of facilities	 6	
7 Investment expenses	 7	

Prior period adjustments . -2,154Other changes in net assets or fund balances (explain in Schedule O) . . . 9

10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1,307,453 10 Part XII **Financial Statements and Reporting V** Check if Schedule O contains a response or note to any line in this Part XII

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Nο If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis ☐ Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant? 2b Yes

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

If the organization changed its method of accounting from a prior year or checked "Other," explain on

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Consolidated basis

Additional Data

Software Version: **EIN:** 11-2932528

Software ID:

Name: EMERALD ISLE IMMIGRATION CENTER INC

Form 990 (2022)

Form 990, Part III, Line 4a:

IMMIGRATION SERVICES

efil	e GR/	APHIC prii	nt - DO NOT PROCESS	As Filed Data -	DLN: 9	N: 93493124017924			
SCI	-IED	ULE A	Dublic (Charity Statu	e and Dul	alic Supp	ort	OMB No. 1545-0047	
(For	m 99		Complete if the or	ganization is a sect 4947(a)(1) nonexe Attach to Form !	ion 501(c)(3) c mpt charitable	organization or trust.		2022 Open to Public	
-		nue Service	► Go to <u>www.irs.</u>	Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.					
		he organiza				Employer identific	Inspection ation number		
=MEKA	ALD ISL	E IMMIGRATIC	N CENTER INC				11-2932528		
	rt I		for Public Charity Statu				See instructions.		
	rganiz		a private foundation because	•	•				
1		·	onvention of churches, or ass				(A)(I).		
2			scribed in section 170(b)(1		,	* *			
3		,	or a cooperative hospital serv	•			•		
4		A medical r name, city,	esearch organization operate and state:	d in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's	
5		_	ation operated for the benefit (iv). (Complete Part II.)	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170	
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	1)(v).		
7	✓	_	ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in	
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)			
9			ural research organization de rant college of agriculture. Se					ege or university or a	
10		from activit investment	ation that normally receives: ties related to its exempt fund income and unrelated busine tiee section 509(a)(2). (Cor	ctions—subject to cert ess taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its s	upport from gross	
11			ation organized and operated		r public safety. S	ee section 509	(a)(4).		
12		more public	ation organized and operated ly supported organizations d a through 12d that describes	escribed in section 5	09(a)(1) or see	ction 509(a)(2)). See section 509(a		
а		Type I. A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ted, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by		
b		manageme	supporting organization supents of the supporting organiza plete Part IV, Sections A a	tion vested in the san					
С			unctionally integrated. A s					ted with, its	
d		Type III n functionally	organization(s) (see instruction on-functionally integrated integrated. The organization i). You must complete Part	l. A supporting organi generally must satis	zation operated fy a distribution	in connection wit requirement and	th its supported orgar		
e		Check this	box if the organization receiv	ed a written determir	ation from the I		pe I, Type II, Type II	I functionally	
f	Enter		or Type III non-functionally i of supported organizations		_				
g			ing information about the su						
			orted (ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	Type of in your governing document? do n lines cove (see			(vi) Amount of other support (see instructions)	
					Yes	No			
			I						
Tota			tion Act Notice, see the In		Cat. No. 11285		L	 A (Form 990) 2022	

Schedule A (Form 990) 2022

Page 2

If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	442,400	1,006,007	1,423,799	1,848,349	1,704,246	6,424,801
2	include any "unusual grant.") Tax revenues levied for the organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	442,400	1,006,007	1,423,799	1,848,349	1,704,246	6,424,801
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						6,424,801
	Section B. Total Support				_		
	Calendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total

4	Total. Add lines 1 through 3	442,400	1,006,007	1,423,799	1,848,349	1,704,246	6,424,801
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
6	Public support. Subtract line 5 from						6,424,801
	line 4.						
_	Section B. Total Support						
	Calendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	(or fiscal year beginning in) 🟲	(4) 2010	(6) 2013	(0) 2020	(4) 2021	(0) 2022	(1) Total
7	Amounts from line 4	442,400	1,006,007	1,423,799	1,848,349	1,704,246	6,424,801
8	Gross income from interest,						
	dividends, payments received on	42		۵	,	6	59
	securities loans, rents, royalties and	42		°	١	٥	39
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						

	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						6,424,801
5	Section B. Total Support		,				
	Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	442,400	1,006,007	1,423,799	1,848,349	1,704,246	6,424,801
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42		8	3	6	59
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).					237	237
11	Total support. Add lines 7 through 10						6,425,097

	line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.						6,424,801	
S	ection B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	442,400	1,006,007	1,423,799	1,848,349	1,704,246	6,424,801	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42		8	3	6	59	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).					237	237	
11	Total support. Add lines 7 through 10						6,425,097	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First 5 years. If the Form 990 is for t	he organization's (first, second, third	, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organ	ization, check	
	this box and stop here					▶ □		
S	ection C. Computation of Public						_	
14	Public support percentage for 2022 (lin	ne 6, column (f) di	ivided by line 11, o	column (f))		14	100.000 %	
15	Public support percentage for 2020 Sc	olic support percentage for 2020 Schedule A, Part II, line 14						

16a 33 1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization h 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

P	Part III Support Schedule for Organizations Described in Section 509(a)(2)							
	(Complete only if you o						der Part II. If	
	the organization fails to	quality under	ne tests listed l	pelow, please co	mpiete Part II.)		
Se	ction A. Public Support Calendar year					1		
	(or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
2	include any "unusual grants.") . Gross receipts from admissions,							
2	merchandise sold or services							
	performed, or facilities furnished in							
	any activity that is related to the							
_	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business							
	under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid							
-	to or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons Amounts included on lines 2 and 3							
D	received from other than disqualified							
	persons that exceed the greater of							
	\$5,000 or 1% of the amount on line							
	13 for the year.							
	Add lines 7a and 7b Public support. (Subtract line 7c							
8	from line 6.)							
Se	ction B. Total Support							
	Calendar year	(-) 2010	(h) 2010	(-) 2020	(4) 2021	(-) 2022	(6) Tabal	
	(or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and							
	income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from							
	businesses acquired after June 30, 1975.							
	Add lines 10a and 10b.							
11	Net income from unrelated business							
	activities not included on line 10b,							
	whether or not the business is							
12	regularly carried on. Other income. Do not include gain or							
12	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c,							
	11, and 12.) First 5 years. If the Form 990 is for t	he organization's	l first second thir	fourth or fifth t	l av vear as a secti	on 501(c)(3) or	ranization check	
14	this box and stop here.	_					_	
Se	ection C. Computation of Public							
15	Public support percentage for 2022 (lir			column (f))		15		
16	Public support percentage from 2021 S					16		
	ction D. Computation of Invest					10		
17	Investment income percentage for 20:			line 13 column (f))	17		
	Investment income percentage from 2	-						
18						18 n 22 1/3% and	lino 17 is not	
19a								
	more than 33 1/3%, check this box and 33 1/3% support tests—2021. If th	a stop nere. The	organization qual	rries as a publicly :	supported organiz	zation	► ∐ 1/3% and line 18 is	
b								
20	not more than 33 1/3%, check this box	-	-				_	
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see			
						Schedule A	(Form 990) 2022	

Part IV Supporting Organizations

amendment to the organizing document).

complete Part I of Schedule L (Form 990).

the organization had excess business holdings).

provide detail in Part VI.

answer line 10b below.

organization's organizing document?

6

7

8

10a

5a

5b 5c

6

7

8

9a

9b

9с

10a

10b Schedule A (Form 990) 2022

Page 4

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations

Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	1	
	describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509		
	(a)(1) or (2)? If "Yes" explain in Part VI how the organization determined that the supported organization was described	1	l l

	describe the designation. If historic and continuing relationship, explain.			
			L	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	in section 509(a)(1) or (2).	_ 2	2	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and			
	3c below.	_	-	

2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	in section 509(a)(1) or (2).	2	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination.	3b	

3a	Did the organization have a supported organization described in section 301(c)(4), (5), or (6): If Test, answer lines 3b and				
	3c below.	3a			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the				
	determination.	3b			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с			
4 -	We are the description of the Health of Charles (III) and the description of the Health of Charles (III) and the Health of Cha				

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the						
	determination.						
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?						
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.						
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you						
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.						
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported						
	organization? If "Yes " describe in Part VI how the organization had such control and discretion despite being controlled or	$\overline{}$					

	the public support tests under section 305(a)(2): If Test, describe in Fair Va Wien and now the organization made the					
	determination.	3b				
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.					
İ	, , ,					
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support					
		_				

С	Did the organization ensure that all support to such organizations was used exclusively for section 1/0(c)(2)(B) purposes?						
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.						
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you						
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.						
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported						
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.						
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support						
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and FIN numbers of the supported						

organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Substitutions only. Was the substitution the result of an event beyond the organization's control?

in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .

organization had an interest? If "Yes," provide detail in Part VI.

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (i) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)					
			Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, th governing body of a supported organization?	11a				
h	A family member of a person described on 11a above?	11a				
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Par					
	VI.					
5	ection B. Type I Supporting Organizations		Yes	No		
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	103			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	<u> </u>				
_	operated, supervised, or controlled the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.					
-	ection C. Type II Supporting Organizations					
	ection of Type 11 Supporting Organizations		Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees o	f				
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1				
S	ection D. All Type III Supporting Organizations					
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing	e 1				
_	documents in effect on the date of notification, to the extent not previously provided?					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).					
3						
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3				
S	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions):				
	The organization satisfied the Activities Test. Complete line 2 below.					
	The organization is the parent of each of its supported organizations. Complete line 3 below.					
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instru	ctions)			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a				
	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b				
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI.	3a				
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3b				

instructions)

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1						
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1 b						
C	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors (explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt use assets	2						
3	Subtract line 2 from line 1d	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
	Section C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2	Enter 85% of line 1	2						
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4	Enter greater of line 2 or line 3	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6						
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	ed Type III supporting or	ganization (see				

Section D - Distributions

8 Breakdown of line 7:

b Excess from 2019.c Excess from 2020.d Excess from 2021.e Excess from 2022.

a Excess from 2018.

Page 7

1	Amounts paid to supported organizations to accomplish	1			
2	Amounts paid to perform activity that directly furthers excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ons	3	
4	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval require	d provide details in Part VI	,	5	
5					
6	Other distributions (describe in Part VI). See instruction	ns		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whe details in ${\it Part\ VI}$). See instructions	ich the organization is respon	sive (<i>provide</i>	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by Line 9 amount			10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.				
	Excess distributions carryover, if any, to 2022:				
_ a	From 2017				
	From 2018				
	From 2019				+
	From 2021				+
	Total of lines 3a through e				
	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 [Pistributions for 2022 from Section D, line 7:				
	\$ Applied to underdistributions of prior years				+
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A	(Form 990) 2022 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	instructions).

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DLN: 93493124017924

OMB No. 1545-0047

2022

Supplemental Financial Statements ► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

(Form 990)

	interior of the freezens	► Attach to Form						n to Public
	al Revenue Service ► Go to <u>www.irs.gov/Forn</u>	1990 for instructi	ons a	nd the latest info	_			spection
	nme of the organization ERALD ISLE IMMIGRATION CENTER INC				Emi	oloyer ide	entification	number
						2932528		
P	Organizations Maintaining Donor Advi				r Acc	ounts.		
	Complete if the organization answered "Ye			sed funds		(b) Fund	s and other	accounts
1	Total number at end of year	(a) Done	n auvi	sea runus		(D) Fullus	s and other	accounts
2	Aggregate value of contributions to (during year)							
3								
	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex					runds are		Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor,	or for	any other purpose o				Yes 🗌 No
Pa	Conservation Easements. Complete if the organization answered "Ye	es" on Form 990,	Part	IV, line 7.				
1	Purpose(s) of conservation easements held by the organ							
	Preservation of land for public use (e.g., recreation	n or education)		Preservation of an	histor	ically impo	ortant land	area
	Protection of natural habitat	·		Preservation of a o	ertifie	d historic	structure	
	Preservation of open space		_	Troscivation of a v		a motoric .	ou decare	
_				and the section of th			A1	
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservat	tion co	entribution in the for	m or a			of the Year
а	Total number of conservation easements				2a	Ticia a	t the zhia t	or the rear
b	Total acreage restricted by conservation easements				2b			
c					2c			
d			•	*	2d			
_	historic structure listed in the National Register	•	-					
3	Number of conservation easements modified, transferre tax year ▶	ed, released, exting	uished	d, or terminated by	the or	ganization	during the	
4	Number of states where property subject to conservation	on easement is loca	ted 🕨					
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds				of viola	= ations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of v	iolatio	ns, and enforcing co	onserv	ation ease		
	*							
7	Amount of expenses incurred in monitoring, inspecting, \$	handling of violation	ons, a	nd enforcing conser	vation	easement	s during the	e year
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$?	above satisfy the	requir	ements of section 1	70(h)(4)(B)(i)	☐ Yes	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or					and	
Pa	rt III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historic			er Si	milar As	sets.	
1 a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub Part XIII, the text of the footnote to its financial statem	lic exhibition, educ	ation,	or research in furth				
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1					▶ \$		
	ii)Assets included in Form 990, Part X					-		
2	If the organization received or held works of art, historical following amounts required to be reported under FASB	cal treasures, or ot	her si	milar assets for fina			de the	
а	Revenue included on Form 990, Part VIII, line 1	_				. 🕨 \$		
b	Assets included in Form 990, Part X					. > \$	·	

 ${f e}$ Other .

Par	t III	Organizations Maintaining Col	lections of Art,	Histori	cal T	reas	ures, o	r Othe	r Similar As	sets (cont	inued)	
3	Usin	ng the organization's acquisition, accessions (check all that apply):										
а		Public exhibition		d		Loan	or exch	ange pr	ograms			
b		Scholarly research		е		Othe	er				•••	
C		Preservation for future generations										
4		vide a description of the organization's co	llections and explain	how the	ey furtl	her th	e organi:	zation's	exempt purpo	se in		
5		ing the year, did the organization solicit o ets to be sold to raise funds rather than to								☐ Yes	□ N	o
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		orm 990	, Part	IV, I	ine 9, o	r repor	ted an amou		າ 990,	Part
1a		he organization an agent, trustee, custodi uded on Form 990, Part X?								☐ Yes	□ N	o
b	If "Y	Yes," explain the arrangement in Part XIII	and complete the f	ollowing	table:				А	mount		_
c	Begi	inning balance						1c				_
d	Add	litions during the year						1d				_
е	Dist	ributions during the year						1e				_
f	Endi	ing balance						1f				_
2a		the organization include an amount on Fo						account	liability?	Пусс	□ N	_
b		res," explain the arrangement in Part XIII							-			U
	rt V	Endowment Funds.	. Check here if the 6	explanati	ion nas	s beer	provide	d in Par	τ ΧΙΙΙ	Ш		
	II C V	Complete if the organization answ	vered "Yes" on Fo	rm 990	, Part	IV, I	ine 10.					
			(a) Current year		rior yea			years bac	k (d) Three ye	ars back (e)	Four yea	rs back
1 a	Begin	nning of year balance										
b	Contr	ributions										
C	Net ir	nvestment earnings, gains, and losses										
d	Grant	ts or scholarships										
е		r expenditures for facilities programs										_
f	Admii	nistrative expenses										
g	End o	of year balance										
2	Prov	vide the estimated percentage of the curr	ent year end balance	e (line 1	g, colu	mn (a	ı)) held a	as:				
а	Boa	rd designated or quasi-endowment 🕨										
b	Perr	manent endowment ►										
c	Terr	m endowment >										
•	The	percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
3а		there endowment funds not in the posses	ssion of the organiza	ation that	t are h	eld ar	nd admin	istered	for the		Yes	No
	(i) (Unrelated organizations								3a(i)		
	(ii)	Related organizations								3a(ii)		
b		Yes" on 3a(ii), are the related organization	·			? .				3b		
4	Des	cribe in Part XIII the intended uses of the		owment f	funds.							
Pa	rt VI	Complete if the organization answ	vered "Yes" on Fo									
	Desc	cription of property (a) Cost or ot (investme		st or other	basis (other)	(c) Acc	cumulate	d depreciation	(d) B	ook valu	е
1 a	Land				!	50,000						50,000
b	Buildi	ings			64	40,839			190,670			450,169
		ehold improvements			10	07,977	1		35,717			72,260
d	Equip	oment				85,240	1		60,710			24,530

396,183

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

396,183

993,142

Part VII	Investments - Other Securities.	200 5 :=:	11	000 5 11	10
	Complete if the organization answered "Yes" on Form 9 (a) Description of security or category (including name of security)	990, Part IV, (b) Book value	Cost	m 990, Part X, line (c) Method of valuation (c) or end-of-year marke	n:
	l derivatives				
(2) Closely-(3)Other	held equity interests	<u> </u>			
(A)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)			+		
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 9	▶ 990, Part IV,			
	(a) Description of investment		(b) Book value	(c) Method of Cost or end-of-yea	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)	F			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 9	90. Part IV.	line 11d. See Forr	n 990. Part X. line 15.	
/1\CECUBIT	(a) Description				Book value
(2)RIGHT-C	Y DEPOSITS F-USE ASSET				13,944 105,949
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
				. •	119,893
Part X	Complete if the organization answered 'Yes' on Form 9		line 11e or 11f.S		
1. (1) Federal	(a) Description of liability income taxes			(b)	Book value
LINE OF CRE	EDIT				40,000
CASH OVER OPERATING	DRAFT LEASE LIABILITY				27,095 107,212
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•	174,307
	or uncertain tax positions. In Part XIII, provide the text of the for 's liability for uncertain tax positions under FIN 48 (ASC 740). C				

Part XI

Part XII

1

2

C

d

b

Part XIII

5

3

2

b

Schedule D (Form 990) 2022

Page 4

91,600 1,704,489

1,704,489

1,834,101

91,600

1,742,501

1.742.501

3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line 12
а	Investment expenses not included on Form 990,

Donated services and use of facilities .

Prior year adjustments . .

Other (Describe in Part XIII.)

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Donated services and use of facilities .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Total expenses and losses per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b

Other (Describe in Part XIII.)

Supplemental Information

Net unrealized gains (losses) on investments . . .

u	Other (Describe III Fait Attr.)
е	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, li
а	Investment expenses not included on Form
b	Other (Describe in Part XIII.)
c	Add lines 4a and 4b

Recoveries of prior year grants .

Other (Describe in Part VIII)

2, but not on line 1 :									
P	art	VIII	. lin	e 7b					

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

2a

2b

2c

2d

2a

2b

2c

2d

4b

Explanation

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Other (Describe in Fair Att.)	
Add lines 2a through 2d	
Subtract line 2e from line 1	
Amounts included on Form 990, Part VIII, line 12, but not on line 1:	_
Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
Other (Describe in Part XIII.) 4b	
Add lines 4a and 4b	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	Ī

91,600

91,600

szatmoughzu	46					
t line 2 e from line 1	3					
s included on Form 990, Part VIII, line 12, but not on line 1:						
nent expenses not included on Form 990, Part VIII, line 7b . 4a						
Describe in Part XIII.)						
es 4a and 4b	4c					
venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5					
Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret						

1

2e

3

4c

5

1

1	n.	
Π		

chedule D (Form 990) 2022		Page 5		
Part XIII Supplemental Info	ormation (continued)			
Return Reference	Explanation			

Schedule D (Form 990) 2022

Additional Data

Software Version:

EIN: 11-2932528

Name: EMERALD ISLE IMMIGRATION CENTER INC.

Supplemental Information

Return Reference Explanation

Software ID:

PART X, LINE 2: EMERALD ISLE IMMIGRATION CENTER EVALUATED ITS ACTIVITIES FOR UNCERTAIN TAX POSITIONS AND D ETERMINED THAT THERE WERE NO UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED JUNE 30, 2023 AND 2022.

Name of the organization **Employer identification number** EMERALD ISLE IMMIGRATION CENTER INC 11-2932528 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ✓ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990)

8

10

DLN: 93493124017924 OMB No. 1545-0047

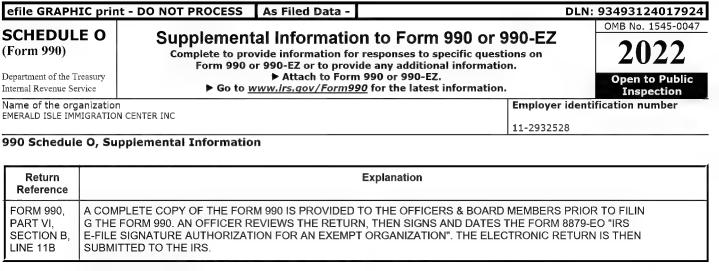
Open to Public

Inspection

Pa	rt II Fundraising Events. Comple				
	than \$15,000 of fundraising e gross receipts greater than \$5		gross income on Form	990-EZ, lines 1 and	6b. List events with
	gross receipts greater triair \$.	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		CELTIC CRUISE	GOLF OUTING		col. (c))
		(event type)	(event type)	(total number)	
Revenue					
	1 Gross receipts	74,830	510		75,340
	2 Less: Contributions	59,297	2		
	3 Gross income (line 1 minus	·	2		59,299
	line 2)	15,533	508		16,041
	4 Cash prizes				
ses	5 Noncash prizes				
bens	7 Food and beverages				
Direct Expenses	8 Entertainment				
ed	9 Other direct expenses	15,533	508		16,041
=			300		10,071
ä					16 041
Dir	10 Direct expense summary. Add lines 4 t	through 9 in column (d)			16,041
	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10	through 9 in column (d)	s" on Form 990 Part I	V line 19 or reporte	0
	10 Direct expense summary. Add lines 4 t	through 9 in column (d)			0
Par	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 till Gaming. Complete if the organizations.	through 9 in column (d)			0
Par	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organism on Form 990-EZ, line 6a.	through 9 in column (d) from line 3, column (d) anization answered "Ye	es" on Form 990, Part I (b) Pull tabs/Instant		d more than \$15,000
s Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organism on Form 990-EZ, line 6a.	through 9 in column (d) from line 3, column (d) anization answered "Ye	es" on Form 990, Part I (b) Pull tabs/Instant		d more than \$15,000
s Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organism on Form 990-EZ, line 6a.	through 9 in column (d) from line 3, column (d) anization answered "Ye	es" on Form 990, Part I (b) Pull tabs/Instant		d more than \$15,000
s Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye	es" on Form 990, Part I (b) Pull tabs/Instant		d more than \$15,000
s Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organism on Form 990-EZ, line 6a.	through 9 in column (d) from line 3, column (d) anization answered "Ye	es" on Form 990, Part I (b) Pull tabs/Instant		d more than \$15,000
Par	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	chrough 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	d more than \$15,000
s Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) from line 4, column (d) from l	(b) Pull tabs/Instant bingo/progressive bingo Yes	(c) Other gaming	d more than \$15,000
s Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	chrough 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	d more than \$15,000
s Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) from line 4, column (d) from l	(b) Pull tabs/Instant bingo/progressive bingo Yes	(c) Other gaming	d more than \$15,000
s Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	d more than \$15,000
Direct Expenses Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) from line 4, column (d) from line 7 from line 1, column	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	d more than \$15,000
Direct Expenses Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organization on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo Yes % No through 5 in column (d) t line 7 from line 1, column (d) con conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	d more than \$15,000
o Direct Expenses Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organization on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes	(c) Other gaming Yes % No	(d) Total gaming (add col.(a) through col.(c))
q b Girect Expenses Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organization on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) anization answered "Ye (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes	(c) Other gaming Yes % No	(d) Total gaming (add col.(a) through col.(c))
Direct Expenses Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organization on Form 990-EZ, line 6a. 1 Gross revenue	through 9 in column (d) from line 3, column (d) from line 7 from line 1, column (d) from conducts gaming activities in each of the column (d) from conducts gaming activities in each of the column (d) from conducts gaming activities in each of the column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes	(c) Other gaming Yes % No	(d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990) 2022								Page 3
11	Does the organization conduct gaming	activities with nonmemb	ers?				Yes	Пио	
12	Is the organization a grantor, beneficia formed to administer charitable gaming		r a member of a partnership	or other en	tity 		Yes		
13	Indicate the percentage of gaming acti	vity conducted in:					□ les	_ 110	
а	The organization's facility					13a			%
b	An outside facility					13b			%
14	Enter the name and address of the per	son who prepares the or	ganization's gaming/special	events book	s and re	ecords:			
	Name •								
	Address								
15a	Does the organization have a contract revenue?	• •	hom the organization received.				□Yes	п.,	
b	If "Yes," enter the amount of gaming re						⊔ Yes	⊔ No	
	amount of gaming revenue retained by				-				
c	If "Yes," enter name and address of the	e third party:							
	Name ►								
	Address •								
16	Gaming manager information:								
	Name ►								
	Gaming manager compensation ► \$								
	Description of services provided ▶								
	☐ Director/officer	☐ Employee	☐ Independe	ent contracto	r				
17	Mandatory distributions:								
а	Is the organization required under stat retain the state gaming license? .		-		to		Пуас	Пис	
b	retain the state gaming license?								
	in the organization's own exempt activ		<u> </u>						
Pai	Supplemental Information III, lines 9, 9b, 10b, 15b, 1								
	Return Reference		Expla	nation					

Schedule G (Form 990) 2022



Return Explanation

990 Schedule O. Supplemental Information

FORM 990, PART VI, SECTION B, LINE 12C

Return Explanation
Reference

990 Schedule O. Supplemental Information

FORM 990, COMPENSATION IS REVIEWED AT THE BOARD LEVEL. THE BOARD REVIEWS THE IRS FORM 990 OF SIMILAR ORGANIZATIONS OF THE SAME SIZE THAT PROVIDE SIMILAR SERVICES IN ORDER TO DETERMINE WHETHE R COMPENSATION IS REASONABLE.

990 Schedule O, Supplemental Information **Explanation** Return Reference

FORM 990, INFORMATION IS PROVIDED UPON REQUEST.
PART VI,
SECTION C.

LINE 19

Return Explanation

990 Schedule O, Supplemental Information

FORM 990,
PART IX,
LINE 11G

PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 81,661. FUN
DRAISING EXPENSES 0. TOTAL EXPENSES 81,661. CONSULTANTS: PROGRAM SERVICE EXPENSES 164,318.
MANAGEMENT AND GENERAL EXPENSES 5.870. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 170.188.

Return Explanation
Reference

FORM 990, PART XII,

990 Schedule O, Supplemental Information

LINE 2C